

STATE OF MICHIGAN

CERTIFICATION

PUBLIC ACT 429 OF 1980 - SUBSTANCE ABUSE BENEFITS

- 1) Company Name _____
- 2) NAIC Code Number _____
- 3) NAIC Group Number _____

- A. I hereby certify that to the best of my knowledge and belief, all disability insurance policies offered by the above named company are in compliance with Public Act 429 of 1980.
- B. (To be completed only if the insurer offers individual hospital, medical, or surgical expense-incurred health insurance policies other than limited classification policies)

Please check one:

- () The above named insurer has determined that the total premium for all individual health insurance policies would be increased by 3% or more because of the provision of the required substance abuse coverage, and therefore named insureds shall have the option to decline the coverage, in accordance with Section 3425.
- () The above named insurer has determined that the total premium for all individual health insurance policies would be increased by less than 3%, and coverage for substance abuse shall be provided in all individual policies upon issuance or renewal, in accordance with Section 3425.

Executed by authorized officer
of the insurer

Please type name and title of the
person whose signature appears above

Date: _____